## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999 /



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700090765

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

CUSTOM COMPUTERS OUTLET, INC.

Principal	Place	of	Business

Mailing Address

4410 W. HILLSBOROUGH AVE. TAMPA FL 33614

2. Principal Place of Business

FRANK, TERRY

116 EVELYN AVENUE **CLEARWATER FL 34625** 

Suite, Apt. #, etc.

City & State

21

22

23

24

4410 W. HILLSBOROUGH AVE. **TAMPA FL 33614** 

2a. Mailing Address

City & State

Ζip 29

Suite, Apt. #, etc.

26

27

28

## FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90082 022 \*\*\*150.00



	DO NOT WRITE IN THIS	S SPACE		
	3. Date incorporated or Qualifed 10/22/1997			
	4. FEI Number	Applied For		
	59-3473672			
	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
	<ol><li>This corporation owes the current year in Personal Property Tax.</li></ol>	itangible ☐ Yes ☐ No		
	10. Name and Address of New Registered	Agent		
Name _	TERRY FRANK			
Street Addres	ss (P.O. Box Number is Not Acceptable)			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of Section 607.0505. Florida Statutes 85 Zip Code

Country

81

82

83

SIGNATURE    Signature. Tupled or printed name of registered agent and title if applicable.   NOTE: Registered Agent signature reaured when refeatating)   DATE	agent. I a	m familiar with, and accept the obligations of, Section 607.050	5, Florida Statutes.				.
12.	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature	required when reinstating)	DATE		
TITLE				·			
NAME   FRANK, TERRY   12 NAME   13 STREET ADDRESS   16 EVELYN AVE.   13 STREET ADDRESS   14 CITY-ST-ZIP   Change   Addition   Addi		D DELE	TE 1.1 TITLE	•	C+	ange	Addition
116 EVELYN AVE.   13 STREET ADDRESS   116 EVELYN AVE.   CLEARWATER FL 34625   14 ctry.st.ztp	NAME		1.2 NAME				
CITY-ST-ZIP         CLEARWATER FL 34625         1.4 CITY-ST-ZIP         Change         Addition           TITLE         Change         Addition         Addition           NAME         23 STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           NAME         32 NAME         33 STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         Addition         Addition           NAME         4 STREET ADDRESS         4 STREET ADDRESS         STREET ADDRESS         Addition         Addition         Addition           NAME         STREET ADDRESS         4 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           NAME         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           NAME         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           NAME         STREET ADDRESS         CITY-ST-ZIP         Change         Addition <td></td> <td></td> <td>13 STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td>			13 STREET ADDRESS				
TITLE			14 CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP 2 A GTY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 STREET ADDRESS CITY-ST-ZIP TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE 3.4 CITY-ST-ZIP TITLE ANAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE ANAME STREET ADDRESS CITY-ST-ZIP ADDRESS AD					□ Ch	ange	☐ Addition
STREET ADDRESS   2.3 STREET ADDRESS			2.2 NAME				
CITY-ST-ZIP							
DELETE   DELETE   S.1 TITLE   Change   Addition							
NAME		□ DELE				ange	Addition
STREET ADDRESS   33 STREET ADDRESS   CITY-ST-ZIP						•	-
STREET ADDRESS   STRE							
TITLE			I ' ' '				
NAME NAME NAME NAME NAME NAME NAME NAME		D per e				anga	☐ Addition
### ### ##############################	TITLE	L DELE				larige	
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         STREET ADDRESS         G.3 STREET ADDRESS         G.3 STREET ADDRESS         G.4 CITY-ST-ZIP	NAME		4. 2 NAME				
DELETE   DELETE   5.1 TITLE   Change   Addition	STREET ADDRESS		4 3 STREET ADDRESS				
NAME  \$2 NAME  \$5.2 NAME  \$5.3 STREET ADDRESS  \$5.4 CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  \$TREET ADDRESS  \$6.3 STREET ADDRESS  \$6.3 STREET ADDRESS  \$6.4 CITY-ST-ZIP  \$6.5 NAME  \$6.5 NAME  \$6.5 NAME  \$6.5 NAME	CITY-ST-ZiP						
5.3 STREET ADDRESS	TITLE	☐ DELE	TE 5.1 TITLE		□ Ct	ange	☐ Addition
54 CITY-ST-ZIP	NAME		5.2 NAME				
DELETE	STREET ADDRESS		5.3 STREET ADDRESS				ľ
TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP	CITY-ST-ZIP		5.4 CITY-ST-ZIP				
STREET ADDRESS  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP		☐ DELE	TE 6.1 TITLE		□ Cr	ange	☐ Addition
STREET ADDRESS  CITY-ST-ZIP  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP	NAME		6.2 NAME				
G117-51-2IP			6.3 STREET ADDRESS				l İ

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accitate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive or trustee empowered of execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address with all other like empowered.

SIGNATURE: